Influenza

Recommendations for Long-Term Care Facilities

Influenza is a highly contagious viral infection that affects mainly the nose, throat, chest and lungs. The flu may cause mild to severe illness and at times lead to death. In the very young, the elderly, and those with other serious medical conditions, infection can lead to severe complications such as pneumonia.

Long-term care facilities are defined as institutions that provide healthcare to people who are unable to manage independently in the community. This includes nursing homes, inpatient units and other residential facilities that provide chronic care management or shorter-term rehabilitative services.

Influenza can be introduced and spread in a long-term care facility by residents, health care workers, and visitors. Influenza is mainly spread from person to person through coughing or sneezing. Sometimes people get infected by touching something with flu viruses on it and then touching their mouth or nose. Ill persons may infect others beginning 1 day before symptoms develop and up to 5 to 7 days after becoming sick. Some people, especially young children and people with weakened immune systems, might be able to infect others with flu viruses for an even longer time.

Preventing transmission of influenza within long-term care facilities requires multiple strategies including vaccination, testing, infection control, and use of antiviral medications for prevention and treatment.

In early fall BEFORE influenza is circulating

Influenza vaccination should be provided each year to all residents and staff of long-term care facilities
Any age-appropriate inactivated influenza vaccine (IIV) formulation or recombinant vaccine is an acceptable option. All residents admitted after mass vaccination programs at the facility should be offered an opportunity for vaccination as soon as possible. Employees of nursing homes and long-term care facilities, including persons not directly involved in patient care but potentially exposed to influenza (e.g., clerical, dietary, housekeeping, maintenance, and volunteers), should be vaccinated against influenza.

Surveillance and control measures

- **Conduct active daily surveillance** for influenza illness among residents, staff, and visitors from when influenza is circulating in the area until the end of influenza season.
- **Residents with acute respiratory illness or influenza-like illness should be tested** for influenza even if it is not influenza season. IDPH recommends influenza molecular assays due to their increased ability to detect influenza viruses. If antigen detection tests are negative and influenza is suspected, consider performing confirmatory molecular influenza assays. Contact your local clinical laboratory or the State Hygienic Laboratory for more information.

- **Exclude facility staff and visitors with respiratory illness symptoms** from the facility until at least 24 hours after they no longer have a fever.
- **Place residents with respiratory illness on droplet precautions** and exclude from group activities.

Develop or revise a plan for influenza outbreaks
Before the influenza season starts, develop or review existing influenza outbreak plans. These plans should include procedures and tools for surveillance, standing orders for antiviral prophylaxis and treatment, ill staff exclusion, environmental cleaning, transmission-based precautions, and influenza testing, outbreak reporting, and activity or visitor restrictions.

When there is a suspected influenza outbreak (2 or more ill residents)

If there is one laboratory-confirmed influenza positive case along with other cases of respiratory illness in a unit of a LTC facility, suspect an outbreak and begin monitoring other residents and staff for influenza-like illness. **Report suspected influenza outbreaks to local public health or the Center for Acute Disease Epidemiology (CADE) at 800-362-2736.** CADE staff will provide more details about outbreak management and testing guidance. When two cases of laboratory-confirmed influenza are identified within 72 hours of each other in patients of the same unit or among patients with significant interaction, IDPH will recommend implementing outbreak control measures as soon as possible. Consider implementing outbreak control measures if one or more patients have suspected influenza and influenza molecular testing results are not available on the day of specimen collection.

Administer influenza antiviral treatment and chemoprophylaxis to residents and health care personnel according to current recommendations
All long-term care residents who have suspected influenza should receive **antiviral treatment** immediately. Antiviral treatment works best when started within 48 hours of symptom onset, so the decision to initiate antiviral medication should not wait for laboratory confirmation of influenza if results are not available immediately.

When at least two patients in the same unit are ill within 72 hours of each other and at least one resident has laboratory-confirmed influenza, initiate **antiviral chemoprophylaxis** to all non-ill residents living on the same unit(s) as residents with laboratory-confirmed influenza. IDPH considers any positive influenza molecular test to be laboratory-confirmed, but facilities may consider initiating prophylaxis based on rapid non-molecular influenza test results if same-day molecular results are not available.

Switch patients on prophylaxis dosing to treatment dosing upon developing influenza symptoms. For more information, visit the CDC page for antiviral medication guidance.

Consider antiviral prophylaxis for unvaccinated staff at high risk of influenza complications. An alternative strategy is to counsel staff to report early signs and symptoms of influenza immediately to the facility and their healthcare provider.
Additional measures to reduce the spread of influenza in your facility

- **Cover coughs and sneezes.** Make sure tissues are available at all times. Encourage residents and staff to cover their mouths when coughing and use a tissue when sneezing or blowing their nose. Tissues should be disposed of immediately, followed by proper hand washing.

- **Practice good hand hygiene.** Staff and residents should be encouraged to practice good hand hygiene at all times. This means using warm water and soap for at least 15-20 seconds each time hands are washed. Alcohol hand gels may be used if hands are not visibly soiled.
- **Clean frequently.** Common use surfaces such as door handles, handrails, game table surfaces, and phones should be cleaned regularly (approximately twice daily) with disinfectant. Bleach solutions or commercial disinfectants are appropriate.
- **Isolate and/or cohort ill residents.** Ill residents should stay in their rooms. Non-ill roommates should be relocated to other rooms. If many residents are ill, cohorting to a specific area or ward may be considered.
- **Restrict staff moving from areas of the facility experiencing illness to areas that are unaffected.** If possible, staff caring for ill residents should not also care for the well residents.

Visit the CDC Guidance for Outbreak Management in Long-Term Care Facilities and the IDSA 2018 Guidelines on Institutional Outbreak Management of Season Influenza for more information.

Contact information:
The Center for Acute Disease Epidemiology
321 E 12th St
Des Moines, IA 50319
(800) 362-2736